

6TL097RB5K
21-00886

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL097RB5K

| | | | | | | | |
|--|--------------------------------------|---|------------------------------------|---|--|---|--------------------|
| Document Number Override | | Primary Crash Document# | | Agency Crash Number 21-00886 | | Investigating Officer/Deputy DEPUTY L. GJORGJIEV | |
| Crash Date 01/30/2021 | | Crash Time 09:15 PM | | Date Arrived 01/30/2021 | | Time Arrived 09:45 PM | |
| Date Notified 01/30/2021 | | Time Notified 09:16 PM | | Total Units 01 | | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure | <input type="checkbox"/> Work Zone | <input type="checkbox"/> Trailer or Towed | | <input type="checkbox"/> Reporting Threshold | |
| <input type="checkbox"/> Government Property | | <input type="checkbox"/> Active School Zone | | School Bus Related NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | | <input type="checkbox"/> Secondary Crash | |

Description

| | |
|---|--------------------------------|
| <p>Diagram</p> <p>not to scale</p> <p>driveway of S701 E redstone dr</p> <p>sign</p> <p>utility pole</p> <p>E redstone dr</p> | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS DRIVING SOUTHBOUND ON E REDSTONE DR. UNIT 1 WAS NEGOTIATING THE CURVE WHEN IT STARTED TO SLIDE DUE TO THE SNOW COVERED ROADWAY. THE DRIVER SAID HE ATTEMPTED TO STOP THE VEHICLE BUT WAS UNSUCCESSFUL. THE VEHICLE SLID AND STRUCK THE GUARDRAIL AND A SIGN. THE VEHICLE WENT THROUGH THE GUARDRAIL AND SCRAPED A UTILITY POLE AND CAME TO A STOP IN THE DITCH NEXT TO THE DRIVEWAY OF S701 E REDSTONE DR. THERE WAS NO INJURIES. THERE WAS DAMAGE TO THE VEHICLE AS WELL AS THE GUARDRAIL, THE SIGN AND THE UTILITY POLE. DUE TO THE WEATHER CONDITIONS THE VEHICLE WAS NOT TOWED FROM THE SCENE. THE DRIVER SAID HE WOULD CONTACT A TOWING COMPANY THE FOLLOWING DAY, WHEN THE WEATHER IMPROVES.

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|---|---|--|--|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By | |
| | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions SPEED TOO FAST/COND | | | |
| 01 01 | Owner Name SANDRA G CALEY | | Owner Address 9316 N KLUG RD MILTON, WI 53563 , US | |
| | Sequence Of Events | | | |
| 01 01 | 01 | Event RUN OFF ROADWAY RIGHT | | |
| | 02 | Event GUARDRAIL FACE | | |
| | 03 | Event UTILITY POLE | | |
| | 04 | Event DITCH | | |
| UNIT | Policy Holder | | | |
| | Insurance Company AMERICAN-FAMILY-INS-CO | | Individual JAMES CALEY | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver JAMES RUSSELL CALEY (608) 289-1029 | | Citations Issued 1 | Sex MALE |
| | Address 3707 CURRY LN JANESVILLE, WI 53546 , US | | Date of Birth [REDACTED] | Race WHITE |
| | | | Driver License Number [REDACTED] | STATE: WISCONSIN COUNTRY: UNITED STATES |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | Safety Equipment SHOULDER & LAP BELT |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| | Injury | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED |
| | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | |
| Hospital | | Date of Death | Time of Death | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action | | NOT DISTRACTED | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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|------------------------------|------------------------------------|---|--|--|--|----------------------|--|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit# | Location | | |
| | | Prior Action | | | | | |
| | | Action | | | | | |
| | | Action Other | | | | To/From School | |
| 01 | 001 | Drug & Alcohol | | Suspected Alcohol Use NO | Suspected Drug Use NO | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | Alcohol Test Results | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Results | | |
| | | Drug Type | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | |
| | | Individual | | | | | |
| | | Passenger CHRISTINE M CALEY | | | Citations Issued 0 | Sex FEMALE | |
| | | Address 3707 CURRY LN JANESVILLE, WI 53546 , US | | | Date of Birth [REDACTED] | Race WHITE | |
| | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | Safety Equipment | | On Duty Crash | Safety Equipment | | |
| Row 01 - FRONT ROW | Seat Position 09 - RIGHT | SHOULDER & LAP BELT | | | | | |
| Helmet Use | | Helmet Compliance | | | | | |
| Eye Protection | | Tint Compliance | | | | | |
| 01 | 002 | Injury | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | | |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED | | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run# | | |
| | | Hospital | | Date of Death | Time of Death | | |
| | | Distracted By | | | | | |
| | | Distracted By Source | | | | | |
| Distracted By Action | | | | | | | |
| Non Motorist | | Striking Unit# | Location | | | | |

WISCONSIN MOTOR VEHICLE
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| | | | |
|--------------------------------------|---|--|--------------------------|
| UNIT INDIVIDUAL | Prior Action | | |
| | Action | | |
| | Action Other | | To/From School |
| 01 002 | Drug & Alcohol | Suspected Alcohol Use NO | Suspected Drug Use NO |
| | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Results |
| | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results |
| | Drug Type | | |
| | Individual Condition APPEARED NORMAL | | |
| UNIT INDIVIDUAL | Individual | | |
| | Passenger JAMISON MARIE CALEY | Citations Issued 0 | Sex FEMALE |
| | Date of Birth [REDACTED] | Race WHITE | |
| | Address 3707 CURRY LN JANESVILLE, WI 53546 , US | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 003 | Safety Equipment | On Duty Crash | Safety Equipment |
| | Row 02 - SECOND ROW | Seat Position 09 - RIGHT | RESTRAINT USE UNKNOWN |
| | Helmet Use | | Helmet Compliance |
| | Eye Protection | | Tint Compliance |
| | Injury | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED |
| Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED | |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # |
| Hospital | | Date of Death | Time of Death |
| Distracted By | Distracted By Source | | |
| Distracted By Action | | | |
| Non Motorist | Striking Unit # | Location | |
| Prior Action | | | |

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|-------------|-------------------|--------------|----------------|
| UNIT | INDIVIDUAL | Action | |
| | | Action Other | To/From School |

| | | | | | |
|-----------|------------|--|-------------------|------------------------------------|---------------------------------|
| 01 | 003 | Drug & Alcohol | | Suspected Alcohol Use NO | Suspected Drug Use NO |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results | |
| | | Drug Type | | | |
| | | Individual Condition APPEARED NORMAL | | | |

| | | | | |
|-----------|-------------------------------|-------------------------|------------------------------------|---|
| 01 | Violations | | | |
| | UTC Number BB957569 | Issue To? 001 | Statute Number 346.57(3) | Description DRIVING TOO FAST FOR CONDITIONS |

Property Owner

| | | | |
|-----------|-------------------|--|--|
| 01 | PROP OWNER | Government TOWNSHIP OF LAVALLE (608) 985-7695 | Address 218 COMMERCIAL ST PO BOX 30 LAVALLE, WI 53941 , US |
|-----------|-------------------|--|--|

Fixed Objects Struck

| | | | | |
|-----------|----------------------------|---|------------------|------------------------------------|
| 01 | Striking Unit 01 | Struck Object GUARDRAIL FACE | Structure Number | Damage Tag Number 337833 |
| | Striking Unit 01 | Struck Object TRAFFIC SIGN POST | Structure Number | Damage Tag Number 337843 |

Property Owner

| | | | |
|-----------|-------------------|---|---|
| 02 | PROP OWNER | Organization/Company OAKDALE ELECTRIC CORPORATION (608) 372-4131 | Address PO BOX 128 OAKDALE, WI 54649 , US |
|-----------|-------------------|---|---|

Fixed Objects Struck

| | | | | |
|-----------|----------------------------|--------------------------------------|------------------|-------------------|
| 03 | Striking Unit 01 | Struck Object UTILITY POLE | Structure Number | Damage Tag Number |
|-----------|----------------------------|--------------------------------------|------------------|-------------------|